



TOWN OF EDGARTOWN
 SELECTBOARD
 70 MAIN STREET, P.O. BOX 5158
 EDGARTOWN, MASSACHUSETTS 02539-5158

TELEPHONE
 (508) 627-6180
 FAX
 (508) 627-6123

APPLICATION FOR TRANSIENT VENDOR'S LICENSE

Name of Business _____

Street Address _____

Phone _____

Mailing Address _____

Name of Owner () Manager () _____

Off Season Address _____

Phone _____

Name and Address of Landlord _____

Phone _____

ITEMS TO BE SOLD _____

I certify under penalty of perjury that I, to the best of my knowledge and belief, have filed all State taxes required under law. I also certify that all taxes and assessments due the Town of Edgartown have been paid.

Date _____ Signed _____

Principal of Above Named Business

Received \$300 check (non-refundable) payable to the Town of Edgartown on _____

Approved by the Board of Selectmen on _____

License Number _____

Fed. I.D. # _____

or Soc. Sec. # _____

 Chair

SELECTBOARD